

**DEPARTMENT OF HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES**

**SUBSTANTIVE POLICY STATEMENT  
#SP-066-PHS-EMS**

**Clarification of EMT-Ps' Authority to Perform Rapid Sequence Intubation (RSI)**

*This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedure Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under Arizona Revised Statutes § 41-1033 for a review of the statement.*

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The purpose of this substantive policy statement is to clarify EMT-Ps' authority to perform rapid sequence intubation (RSI).

The Arizona Department of Health Services (ADHS) believes that the performance of RSI by an individual EMT-P is authorized if the EMT-P's performance of RSI complies with the requirements of A.A.C. R9-25-502, EMT's Scope of Practice.

A.A.C. R9-25-502 provides:

An EMT shall perform a medical treatment, procedure, or technique and administer a medication only:

1. Under medical direction if required in A.R.S. Title 36, Chapter 21.1 and R9-25-201;
2. As prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration;
3. In a manner consistent with R9-25-410; and
4. According to protocols established in this Article [ 9 A.A.C. 25, Article 5].

Requirement for Medical Direction

A.A.C. R9-25-502(1) requires an EMT to perform a medical treatment, procedure, or technique and administer a medication only under medical direction if required in A.R.S. Title 36, Chapter 21.1 and A.A.C. R9-25-201.

A.R.S. § 36-2205(A) requires that EMT-Is, EMT-Ps, and EMT-Bs certified to perform advanced procedures render medical treatments, procedures, medications, or techniques only under the direction of a physician. Likewise, A.A.C. R9-25-201(B) prohibits an EMT-I or EMT-P from acting as an EMT-I or EMT-P unless the EMT has administrative medical direction and is able to receive on-line medical direction.

Thus, for an EMT-P to perform RSI, the EMT-P must have administrative medical direction and have available on-line medical direction, and the performance of RSI must

be consistent with the administrative medical direction and, if applicable, on-line medical direction. An EMT-P is not authorized to perform RSI if the EMT-P lacks medical direction or if performing RSI would be inconsistent with or contrary to the EMT-P's medical direction.

Requirement to Perform as Prescribed in EMT-P Training Curriculum

A.A.C. R9-25-502(2) requires an EMT to perform a medical treatment, procedure, or technique and administer a medication only as prescribed in the EMT-B, EMT-I, or EMT-P training curriculum required for Arizona certification or NREMT registration.

A.A.C. R9-25-404 requires an applicant for initial EMT-P certification to submit a certificate of course completion from one of the following courses:

1. The Arizona EMT-P course; or
2. If the applicant meets certain prerequisites, the Arizona ALS refresher.

A.A.C. R9-25-308 establishes that the Arizona EMT-P course is the U.S. Department of Transportation, National Highway Traffic Safety Administration, *EMT-Paramedic: National Standard Curriculum* (1998), as modified and incorporated by reference by ADHS (1998 EMT-P National Standard Curriculum).

The 1998 EMT-P National Standard Curriculum includes instruction on RSI. Specifically, Module 2, Airway Management and Ventilation, includes as one of its cognitive objectives the ability to “[d]escribe the indications, contraindications, advantages, disadvantages, complications and equipment for rapid sequence intubation with neuromuscular blockade” and includes a section on “[n]euromuscular blockade in emergency intubation,” including the “[m]ethod for rapid sequence intubation.”

A.A.C. R9-25-309, Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination, establishes that the Arizona ALS Refresher is the U.S. Department of Transportation, National Highway Traffic Safety Administration, *EMT-Paramedic: NSC Refresher Curriculum* (2001), as modified and incorporated by reference by ADHS (2001 NSC Refresher Curriculum). The 2001 NSC Refresher Curriculum also mentions RSI.

Requirement to Perform in a Manner Consistent with R9-25-410

A.A.C. R9-25-502(3) requires an EMT to perform a medical treatment, procedure, or technique and administer a medication only in a manner consistent with A.A.C. R9-25-410.

A.A.C. R9-25-410 provides:

An EMT shall act as an EMT only:

1. As authorized under the EMT's scope of practice as identified under Article 8 [recodified to Article 5] of this Chapter; and
2. For an EMT required to have medical direction pursuant to A.R.S. Title 36, Chapter 21.1 and R9-25-201, as authorized under[:]
  - a. Treatment protocols, triage protocols, and communication protocols approved by the EMT's administrative medical director; and

- b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMT's administrative medical director.

EMT scope of practice is determined according to A.A.C. R9-25-502, as described above and throughout this document. The requirement for an EMT-P to have medical direction is also described above and does not need to be addressed again here.

The requirement to comply with A.A.C. R9-25-410 serves to elaborate on the role of an administrative medical director in determining whether an EMT-P can perform a medical treatment, procedure, or technique or administer a medication. Under A.A.C. R9-25-410, an EMT-P may only perform RSI (on a specific patient or at all) if the performance of RSI is authorized under the treatment protocols, triage protocols, and communication protocols approved by the EMT-P's administrative medical director. Thus, an administrative medical director has the authority to determine whether any of the EMT-Ps for whom the administrative medical director provides medical direction may perform RSI and to prescribe the circumstances under which RSI may be performed. An administrative medical director also has the authority to impose requirements for medical recordkeeping, medical reporting, and prehospital incident reports, and an EMT-P must comply with those as well.

#### Requirement to Perform According to Protocols in 9 A.A.C. 25, Article 5

A.A.C. R9-25-502(4) requires an EMT to perform a medical treatment, procedure, or technique and administer a medication only according to protocols established in 9 A.A.C. 25, Article 5.

ADHS has not adopted a protocol that imposes requirements related to the performance of RSI. ADHS has, however, amended the EMT-P and Qualified EMT-I Drug List in Exhibit 1 to A.A.C. R9-25-503, Protocol for Drug Box Procedures, by adding Etomidate and Succinylcholine as optional drugs. By adding these drugs to the EMT-P and Qualified EMT-I Drug List, ADHS has eliminated the only remaining obstacle to allowing an EMT-P to perform RSI, if the other requirements of A.A.C. R9-25-502 are met.

#### Conclusion

ADHS believes that the performance of RSI by an individual EMT-P is authorized if the EMT-P's performance of RSI complies with the requirements of A.A.C. R9-25-502. To comply with the requirements of A.A.C. R9-25-502, an EMT-P performing RSI on a particular patient must:

- Have administrative medical direction and have available on-line medical direction;
- Be authorized to perform RSI on the patient under the treatment protocols, triage protocols, and communication protocols approved by the EMT-P's administrative medical director and under any on-line medical direction received;

- Comply with any requirements for medical recordkeeping, medical reporting, and prehospital incident reports imposed by the EMT-P's administrative medical director; and
- Administer to the patient only drugs that are authorized for use under the EMT-P and Qualified EMT-I Drug List in Exhibit 1 to A.A.C. R9-25-503.

To assist administrative medical directors in determining whether and under what circumstances to authorize EMT-P performance of RSI, ADHS has adopted recommendations for the performance of RSI in Agency Guidance Document #GD-067-PHS-EMS, Recommendations for EMT-P Performance of Rapid Sequence Intubation (RSI) in the Prehospital EMS Environment. ADHS has also adopted Drug Profiles for Etomidate and Succinylcholine.

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